

CA097793

**SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET**

Referred to Commission Committee (name) **LAW ENFORCEMENT, FIRE, CORRECTIONS & COURTS**

For Commission Action on (date): 6/1/09

RESOLUTION TO APPROVE A CONTRACT WITH SERENITY RECOVERY CENTERS IN THE AMOUNT OF \$250,000.00 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS NOT TO EXCEED \$250,000.00. SPONSORED BY COMMISSIONER SIDNEY CHISM

CHECK ALL THAT APPLY BELOW:

_____ This Action does NOT require expenditure of funds.

 X This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ _____ : County CIP Funds: \$ _____

State Grant Funds: \$ _____ : State Gas Tax Funds: \$ _____

Federal Grant Funds: \$ _____

Other funds (Specify source and amount): **Fines and fees: \$250,000, Z05025510 00**

Other pass-thru funds (Specify source and amount): \$ 250,000, Z05025510 00

Originating Department: Shelby County Drug Court

APPROVAL:

Dept. Head:	<u>Angela Parkerson</u> 545-2823	<u>ap.</u>	<u>5-28-09</u>
	(Type your name & phone #.)	(Initials)	(Date)
Elected Official:	<u>Judge Tim Dwyer</u> 545-5192	<u>TJD</u>	<u>5/28/09</u>
	(Type your name & phone #.)	(Initials)	(Date)
Division Director:	_____	_____	_____
	(Type your name & phone #.)	(Initials)	(Date)
CIP – A&F Director:	_____	_____	_____
	(Type your name & phone #.)	(Initials)	(Date)
Finance Dept.:	<u>Michael A. Swift</u> 545-4449	<u>mas</u>	<u>5/29/09</u>
	(Type your name & phone #.)	(Initials)	(Date)
County Attorney:	<u>Mary L. Bright</u>	<u>mlb</u>	<u>5/29/09</u>
	(Type your name & phone #.)	(Initials)	(Date)
CAO/Mayor:	<u>Jim Huntzicker</u> 545-4514	<u>JH</u>	<u>6/1/09</u>
	(Type your name & phone #.)	(Initials)	(Date)

SUMMARY SHEET

I. Description of Item

RESOLUTION TO APPROVE A CONTRACT WITH SERENITY RECOVERY CENTERS IN THE AMOUNT OF \$250,000.00 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS NOT TO EXCEED \$250,000.00. SPONSORED BY COMMISSIONER SIDNEY CHISM

II. Source and Amount of Funding

Funds will be made available by a State of Tennessee pass through grant from account 850-700502-6678, Outside Contracts in an amount not to exceed \$250,000.00.

III. Contract Items

- A. Type of Contract: This is a professional services contract for residential drug treatment.
- B. Terms: The contractor will provide residential drug treatment. Contract commenced on 7/1/09 and ends on 6/30/10, the contract provides for two (2) one (1) year options for renewal.

IV. Additional Information Relevant to Approval of this Item

- Shelby County Drug Court recommends approval of this resolution.

ITEM # _____

PREPARED BY Anita Johnson

COMMISSIONER _____

APPROVED BY: M. Bryant

RESOLUTION TO APPROVE A CONTRACT WITH SERENITY RECOVERY CENTERS IN THE AMOUNT OF \$250,000.00 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS NOT TO EXCEED \$250,000.00. SPONSORED BY COMMISSIONER SIDNEY CHISM

WHEREAS, Shelby County Drug Court desires to provide residential drug treatment to clients of the Shelby County Drug Court Program; and

WHEREAS, the department requested and received sealed bid #09-003-63 on April 9, 2009, with the bestbid meeting specifications being submitted by Serenity Recovery Centers in the total amount not to exceed \$250,000.00; and

WHEREAS, The period of award is from July 1, 2009 through June 30, 2010, with the option to renew for two (2) additional one (1) year periods.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, that the expenditure of funds to Serenity Recovery Centers. in the total estimated amount up to \$250,000.00 for the purchase of residential treatment services is hereby approved.

BE IT FURTHER RESOLVED, that the two (2) one-year options to renew to renew are hereby approved subject to the adoption of the appropriate year's Operating Budget;

BE IT FURTHER RESOLVED, That the Purchasing Department is authorized to issue purchase orders for the purchase of residential treatment from the FY 2009/2010 Operating Budget subject to the availability of funds in account number 850-700502-6678 at the time the purchase order is issued.

BE IT FURTHER RESOLVED, That the Shelby County Mayor and the Director of Administration and Finance are hereby authorized to issue their warrant or warrants not to exceed \$250,000.00 for the purposes contained in this resolution to Serenity Recovery Centers.

A C Wharton, Jr., County Mayor

Date: _____

ATTEST:

Clerk of County Commission

ADOPTED: _____

GRATUITY DISCLOSURE FORM**Shelby County Ethics Commission**

INSTRUCTIONS: This form is for all persons receiving any Shelby County Government contract, land use approval or financial grant money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouses and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.

1. NAME

ALLEN RICHARDSON

2. DATE OF GRATUITY

NONE

3. NATURE AND PURPOSE OF THE GRATUITY

NONE

4. NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY

NONE

5. NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

NONE

6. ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

NONE

7. DESCRIPTION OF THE GRATUITY

NONE

8. COST OF THE GRATUITY (If cost is unknown and not reasonably discernible by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.)

NONE

9. The information contained in this Gratuity Disclosure Form, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and affirm that I have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including spouse and immediate family members) that has not been disclosed and I affirm that I have not violated the provisions of the Shelby County Government Code of Ethics.

Allen L. Richardson
Signature

5-27-09
Date

ALLEN L. RICHARDSON
Print Name



Veronica M. Goff

MY COMMISSION EXPIRES
May 24, 2011

A copy of your completed form will be placed on the Shelby County Internet website.

Shelby County Government

A C Wharton, Jr.
Mayor

May 4, 2009

Mr. Allen L. Richardson
Serenity Recovery Centers, Inc.
1094 Poplar Avenue
Memphis, TN 38105

RE: RFP #09-003-63, Residential Alcohol & Drug Treatment Services – Shelby County Drug Court

Dear Mr. Richardson:

We are pleased to inform you that your firm has been selected to provide **Alcohol & Drug Treatment Services**, that were issued on the above-described RFP.

A contract for these services will be forwarded to your office for your review and approval. Until then, no work should begin on this project until you receive an official "Notice to Proceed," along with a fully negotiated and executed copy of the contract. Also, in order to do business with Shelby County Government, all vendors are required to submit an on-line application by going to www.shelbycountyttn.gov and selecting the Vendor Registration link. Your "Notice to Proceed" and executed contract will not be issued until this process has been completed.

Thank you for your proposal and congratulations on your selection. Shelby County Government looks forward to the successful and timely delivery of this very important service and your company's efforts in reaching this goal.

Sincerely,



Clifton Davis
Administrator of Purchasing
Shelby County Government

CD/shw

cc: Angela Parkerson, Shelby County Drug Court
Mary L. Bright, Assistant County Attorney
Tonya Blunt, Contracts Administration

ACORD™ CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 4/7/2009	
PRODUCER (901) 767-3600 FAX: (901) 763-2613 Clay and Land Insurance, Inc 866 Ridgeway Loop Rd Suite 200 Memphis TN 38120				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Serenity Recovery Centers, Inc 1094 Poplar Ave. Memphis TN 38105				INSURERS AFFORDING COVERAGE		NAIC #	
INSURER A Traveler's P&C INSURER B Traveler's Indemnity INSURER C Swett & Crawford Ins INSURER D INSURER E							
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	X6607998A970TIL08	9/9/2008	9/9/2009	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG	\$ 3,000,000	
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	BA7565W82308GRP	9/9/2008	9/9/2009	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
B		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B		EXCESS/UMBRELLA LIABILITY	XSMCUP7487W994IND08	9/9/2008	9/9/2009	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC009924801	8/18/2008	8/18/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS HOLDER IS HEREBY NAMED ADDITIONAL INSURED.							

CERTIFICATE HOLDER

SHELBY COUNTY
 PURCHASING DEPT.
 160 N. MAIN
 SUITE 550
 MEMPHIS, TN 38103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

CONTRACT NO. CA

CA097793

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Shelby County Drug Court
2. Preparer's Name, Telephone #, and E-Mail Address:
Angela Parkerson, 545-2823, angela.parkerson@shelbycountyttn.gov
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Residential Treatment Services
4. NAME, ADDRESS, VENDOR NUMBER, AND EOC NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Serenity Recovery Centers
1094 Poplar Ave.
Memphis, TN 38104
VENDOR NO. 33567
EOC NO. EOC-S-0410-14662
5. COST OF ITEM OR SERVICE REQUESTED: \$75,000
6. TERM OF PROPOSED CONTRACT/AGREEMENT: 07/01/2009-06/30/2010
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
545-704126678 AMOUNT \$75,000
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS
a. ☒ Bid/RFP Process - # & Date 09-003-63, 4/9/09
b. ☐ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
☐ MALE ☐ FEMALE
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
☐ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED \$3 MILLION
☒ N/A
11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY:

Judge M. J. Davis
ELECTED OFFICIAL

Angela Parkerson 5-29-09
DEPARTMENT HEAD DATE

5-29-2009
DIVISION DIRECTOR DATE



Purchasing Department

160 N. Main, Suite 550
Memphis, TN 38103

(901) 545-4365
Fax (901) 545-4531

Shelby County Tennessee

A C Wharton, Jr., Mayor

Memorandum

To: Honorable A C Wharton, Jr.
Shelby County Mayor

From: Clifton Davis, Administrator
Purchasing Department

Date: April 30, 2009

Re: RFP #09-003-63, Residential Alcohol & Drug Treatment Services – Shelby County Drug Court

Three (3) companies submitted proposals indicating their interest in providing the above-described services.

	Evaluation Score	EOC Rating	Consultant Fees
1. Serenity Recovery Centers	94.20	D	\$245,100.00
2. Cocaine Alcohol Awareness Program	91.60	A	\$121,176.00
3. True Test Collection of Memphis	7.00	D	N/A

An evaluation committee comprised of five (5) members from the Shelby County Drug Court and Purchasing evaluated the proposal responses and determined that the proposal submitted by **Serenity Recovery Centers** was the most responsive to the request for proposal. During the evaluation, the committee determined that contracting with multiple vendors would fulfill the need to provide the required services. It is the recommendation of the evaluation committee, with the concurrence of the Purchasing Department, that both **Cocaine Alcohol Awareness Program** and **Serenity Recovery Centers** be awarded the contract.

Serenity Recovery Centers was more detailed in their methodology for treating alcohol and drug dependency and uses an intense educational program which gave them the highest score of 94.20. Cocaine Alcohol Awareness Program met the required services and received an overall score of 91.60. True Test Collection of Memphis did not provide for any treatment or counseling services in their response.

Therefore, Serenity Recovery Centers and Cocaine Alcohol Awareness Program are both recommended for awards based on receiving the top overall evaluation scores on the RFP, competitive pricing for services required and a satisfactory prior work experience relationship with Shelby County Government.

A copy of the department's recommendation letter is attached.

EOC Rating Codes:

A Compliance – 90% or more

B Compliance – 80%-89.9%

C Compliance - 50%-79.9%

D Less than 15 employees (automatically qualify)

E Approval by EOC Board of Appeals

F Exception granted by CAO or Administrator of EOC

Please indicate your approval or disapproval of this selection in the space provided below:

APPROVED:  _____

APPROVED WITH CHANGES: _____

DISAPPROVED: _____

DATE: 5/3/09


A C WHARTON, JR., MAYOR

cc: Angela Parkerson, Shelby County Drug Court



RFP: #09-0003-63

Residential Alcohol & Drug Treatment Services

	COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
	(Minor w		
Cumulative Totals for Evaluation Team	(0 = did not meet require		
CATEGORIES			
Totals			
Angela Parkerson	97.00	97.00	0.00
Debra Antoine	82.00	89.00	4.00
Kyle Eaton	97.00	97.00	19.00
Anita Johnson	94.00	95.00	9.00
Debbie Cairncross	88.00	93.00	4.00
Highest Score Selected Vendor	91.60	94.20	7.20



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Angela Parkerson

COCAINE
ALCOHOL
AWARENESS
PROGRAM

SERENITY
RECOVERY
CENTERS

TRUE TEST
COLLECTION
OF MPHS

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		28.00	28.00	0.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	
Possess the minimum insurance requirements		4.0	4	4	
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	
Provide treatment services in a confidential and professional manner		4.0	4	4	
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	
REQUIRED SERVICES	47.00		44.00	44.00	0.00
Availability to Drug Court staff		2.00	2	2	
Conduct initial assessments for level of substance abuse		5.00	5	5	
Provide individual and group therapy sessions		4.00	4	4	
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	
Maintain all drug screen testing in case file		4.00	4	4	
Ability to provide parenting/family counseling		3.00	3	3	
Develop and monitor treatment plans, goals, and objectives		4.00	3	3	
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	
Designated staff present for weekly status reporting and hearings		2.00	2	2	
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	
Policy for Limited English Proficient clients		3.00	3	3	
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	1	1	
REFERENCES	10.00		10.00	10.00	0.00
Did the respondent list creditable reference for same/like services		10.00	10	10	
COST	15.00		15.00	15.00	0.00
Initial cost for the 1st year of services		15.00	15	15	
SCORE					
Minor (unweighted)			97	97	0
Major (weighted)	100.00				
TOTAL			97.00	97.00	0.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Debra Antoine

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		24.00	24.00	4.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	0	0	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		43.00	45.00	0.00
Availability to Drug Court staff		2.00	1	1	0
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	3	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	0
Maintain all drug screen testing in case file		4.00	4	4	0
Ability to provide parenting/family counseling		3.00	3	3	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	0
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	0
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	1	2	0
REFERENCES	10.00		0.00	10.00	0.00
Did the respondent list creditable reference for same/like services		10.00	0	10	0
COST	15.00		15.00	10.00	0.00
Initial cost for the 1st year of services		15.00	15	10	0
SCORE			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
Minor (unweighted)			82	89	4
Major (weighted)	100.00				
TOTAL			82.00	89.00	4.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Kyle Eaton

COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
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Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		28.00	28.00	10.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	4	4	2
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	4
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		44.00	45.00	5.00
Availability to Drug Court staff		2.00	2	2	2
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	4	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	1
Maintain all drug screen testing in case file		4.00	4	4	0
Ability to provide parenting/family counseling		3.00	3	3	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	1
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	1
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	0	1	0
REFERENCES	10.00		10.00	10.00	2.00
Did the respondent list creditable reference for same/like services		10.00	10	10	2
COST	15.00		15.00	14.00	2.00
Initial cost for the 1st year of services		15.00	15	14	2
SCORE			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
Minor (unweighted)			97	97	19
Major (weighted)	100.00				
TOTAL			97.00	97.00	19.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Anita Johnson

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		26.00	28.00	3.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	3	4	3
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	3	4	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		44.00	44.00	3.00
Availability to Drug Court staff		2.00	2	2	0
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	4	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	3
Maintain all drug screen testing in case file		4.00	3	4	0
Ability to provide parenting/family counseling		3.00	3	2	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	0
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	4	0
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	1	2	0
REFERENCES	10.00		10.00	10.00	1.00
Did the respondent list creditable reference for same/like services		10.00	10	10	1
COST	15.00		14.00	13.00	2.00
Initial cost for the 1st year of services		15.00	14	13	2
SCORE			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHs
Minor (unweighted)			94	95	9
Major (weighted)	100.00				
TOTAL			94.00	95.00	9.00



Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Debbie Cairncross

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights			
MINIMUM REQUIREMENTS	28.0		25.00	25.00	4.00
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	1	1	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		46.00	46.00	0.00
Availability to Drug Court staff		2.00	2	1	
Conduct initial assessments for level of substance abuse		5.00	5	5	
Provide individual and group therapy sessions		4.00	4	4	
Urinalysis and breathalyzer testing at random intervals		4.00	4	4	
Maintain all drug screen testing in case file		4.00	4	4	
Ability to provide parenting/family counseling		3.00	3	3	
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	
Designated staff present for weekly status reporting and hearings		2.00	2	2	
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	
Policy for Limited English Proficient clients		3.00	3	3	
Survey client satisfaction and report client status info six (6) months after program discharge		2.00	1	2	
REFERENCES	10.00		2.00	10.00	0.00
Did the respondent list creditable reference for same/like services		10.00	2	10	0
COST	15.00		15.00	12.00	0.00
Initial cost for the 1st year of services		15.00	15	12	0
SCORE			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
Minor (unweighted)			88	93	4
Major (weighted)	100.00				
TOTAL			88.00	93.00	4.00